

### Patient Care Workgroup Priorities (Draft 7/12/06)

The top priority for development over the next five years is a summary view of information (current and historical) pertaining to a patient from across all sources of care that includes the elements listed below. Intermediate goals include transmission of information between clinicians and between clinicians and service providers by efficient electronic point-to-point communications.

Ability to view original documents (e.g., laboratory results or clinic notes) is considered a valuable adjunct to the shared patient summary for validating or clarifying summary information or to obtain greater detail. The following types of data were identified as having highest priority for viewing, ranked by clinical committee members. To the extent possible data should be normalized for easy importation into EMRs and other applications.

<i>Priority</i>	<i>Possible Data Sources</i>	<i>CI WG Privacy/Security Concern</i>	<i>CI WG Recommendation</i>
Identity/demographics	Claims EMR, CCR		Base on HIPAA “need to know” principle; i.e., to provide patient care
Diagnoses/encounter diagnoses	Claims, EMR, CCR	Sharing information re: mental health, drug/alcohol treatment, etc.	
Medications	Pharmacies, EBM's and Claims, EMRs and e-prescribing programs		Base on HIPAA “need to know” principle
Allergies	EMR, CCR, pharmacy records, medication reconciliation document		Base on HIPAA “need to know” principle
Labs and other diagnostics (results reporting)	Claims, CPOE (for orders); Electronic lab reporting, EMRs (for results)	Sharing HIV related testing information.	
Procedures	Claims, CCR, EMR		Base on HIPAA “need to know” principle
Immunizations	WIR, RECIN		Base on HIPAA “need to know” principle
Patient visits and hospitalizations	Claims, CCR	Sharing information re: mental health, drug/alcohol treatment, etc.	
Discharge summaries and progress notes	Access attached to encounter records	Sharing information re: mental health, drug/alcohol treatment, etc.	
Patient contact-in-emergency	Patient entry		Base on HIPAA “need to know” principle
Advance directives	Patient entry		Base on HIPAA “need to know” principle
Payer/insurance coverage/eligibility	Same	Access to information for applicable episode of care <b>only</b> ; data not used to determine insurance eligibility; treatment of sensitive information.	